

PATENT

Attorney's Docket No. 0236.0004

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**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR CIP)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

X original

design

supplemental

[NOTE: If the declaration is for an International Application being filed as a divisional,  
continuation or continuation-in-part application do not check next item; check appropriate one  
of last three items.]

national stage of PCT

[NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES  
FOR DIVISIONAL, CONTINUATION OR CIP.]

divisional

continuation

continuation-in-part (CIP)

#### **INVENTORSHIP IDENTIFICATION**

[WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.]

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### **TITLE OF INVENTION**

**CREDENTIALER/MEDICAL MALPRACTICE INSURANCE COLLABORATION**

#### **SPECIFICATION IDENTIFICATION**

The specification of which: (complete (a), (b) or (c)

(a) X is attached hereto.

(b) \_\_\_\_\_ was filed on \_\_\_\_\_ as \_\_\_\_\_ Serial No. 0 / \_\_\_\_\_  
or \_\_\_\_\_ Express Mail No., as Serial No. not yet known \_\_\_\_\_ and was  
amended on \_\_\_\_\_ (if applicable).

(c) \_\_\_\_\_ was described and claimed in PCT International Application No:  
\_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on  
\_\_\_\_\_ (if any).

[NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.]

#### **ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to the person to be material to patentability as defined in § 1.56.

\_\_\_\_\_ In compliance with this duty there is  
attached an information disclosure statement, 37 CFR 1.97.

**PRIORITY CLAIM**

I hereby claim foreign priority benefits under Title 35, United States Code § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) X no such applications have been filed.

(e) \_\_\_\_\_ such applications have been filed as follows.

[NOTE: Where item (c) is entered above and the International Application which designated the U.S. claimed priority check item (e), enter the details below and make the priority claim.]

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

| COUNTRY | APPLICATION No. | DATE OF FILING<br>(day, month, year) | PRIORITY<br>CLAIMED UNDER<br>37 USC 119 |
|---------|-----------------|--------------------------------------|---|
|         |                 |                                      |   |

|  |  |  |                            |
|--|--|--|----------------------------|
|  |  |  | <u>  </u> YES <u>  </u> NO |
|  |  |  | <u>  </u> YES <u>  </u> NO |
|  |  |  | <u>  </u> YES <u>  </u> NO |
|  |  |  | <u>  </u> YES <u>  </u> NO |
|  |  |  | <u>  </u> YES <u>  </u> NO |

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6  
MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

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**POWER OF ATTORNEY**

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Daniel A. Thomson

Reg. No. 43,189

(check the following item, if applicable)

       Attached as part of this declaration and power of

attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

**SEND CORRESPONDENCE TO**

Daniel A. Thomson  
4421 Ranchwood Spur  
Akron, OH 44333-1343

**DIRECT TELEPHONE CALLS TO:**

Daniel A. Thomson  
(330) 535-9999

**DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

Full name of sole or first inventor: David A. Martin

Inventor's signature David A. Martin

Date JUNE 21, 1999 Country of Citizenship: USA

Residence: 35521 Quatermane Circle, Bentleyville, Ohio 44139

Post Office Address: 35521 Quatermane Circle, Bentleyville, Ohio 44139

Full name of second joint inventor, if any: David R. Montgomery

Inventor's signature David R. Montgomery

Date 6/21/99 Country of Citizenship: USA

Residence: 7435 Valleyview Rd., Hudson, Ohio 44236

Post Office Address: 7435 Valleyview Rd., Hudson, Ohio 44236

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

Signature for third and subsequent joint inventors. Number of pages added \_\_\_\_\_

Signature by administrator (trix), executor (trix) or legal representative for deceased or incapacitated inventor. Number of pages added \_\_\_\_\_

Signature for inventor who refuses to sign or cannot be reached by person authorized

under 37 CFR 1.47. Number of pages added \_\_\_\_\_

\*\*\*

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

Number of pages added \_\_\_\_\_

\*\*\*

Authorization of attorney(s) to accept and follow instructions from representative

\*\*\*

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

This declaration ends with this page

PATENT

Attorney's Docket No.: 0236.0004

Applicant or Patentee: David A. Martin and David R. Montgomery

Serial or Patent No.: UNKNOWN

Filed or Issued: HEREWITH

For: CREDENTIALALER/MEDICAL MALPRACTICE INSURANCE  
COLLABORATION

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) and 1.27(b))-INDEPENDENT INVENTOR**

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled: CREDENTIALALER/MEDICAL MALPRACTICE INSURANCE COLLABORATION

described in

  X   the specification filed herewith.

       application serial no. 0 / \_\_\_\_\_, filed \_\_\_\_\_.

       patent no. \_\_\_\_\_, issued \_\_\_\_\_.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

       no such person, concern, or organization

X persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME: David A. Martin

ADDRESS: 35521 Quartermane Circle, Bentleyville, OH 44139

INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT  
ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

David A. Martin  
Name of inventor

David G. Hart  
signature of inventor

Date 06-21-99

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under Section 41 (a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled: **CREDENTIALER/MEDICAL MALPRACTICE INSURANCE COLLABORATION**

described in

X the specification filed herewith.

application serial no. 0 /                 , filed           .

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

*Dm* \_\_\_\_\_ no such person, concern, or organization

*P.M.  
Dan*  persons, concerns or organizations listed below\*

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27).

FULL NAME: David R. Montgomery

**ADDRESS:**

INDIVIDUAL       SMALL BUSINESS CONCERN       NONPROFIT  
ORGANIZATION

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statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

David R. Montogmery

Name of inventor

DR. Montgomery  
signature of inventor

Date 6/21/99

FULL NAME: The Premium Group, Inc. <sup>A.M.</sup> DRM

ADDRESS: 30680 Bainbridge Road, Cleveland, OH 44139

INDIVIDUAL  SMALL BUSINESS CONCERN  NONPROFIT  
ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

David A. Martin

Officer of The Premium Group

David A. Martin  
signature

Date 06-21-99

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